STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
138866	DASCO INTERACTIVE INC.

3. Principal office address	City	State	Zip
3 STAGECOACH ROAD	CUMBERLAND	RI	02864

4. Business Phone No.	5. State of Incorporation
(617) 943-0901	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
WEBSITE DEVELOPMENT AND MANAGEMENT

7. LIST ALL OFFICERS' NAMES AND ADDRESSES (DO NOT LEAVE ANY BLANK) ☐

President Name			Vice-President Name		
DEREK SANTOS					
Street Address			Street Address		
3 STAGECOACH ROAD					
City	State	Zip	City	State	Zip
CUMBERLAND	RI	02864			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. LIST ALL DIRECTORS (IF NEEDED, ADDRESSES MAY BE EXCLUDED) ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED TO BE REGISTERED FOR SALE IN RI ☐

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	0	COMMON	.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

02/28/2014
Signature of Authorized Representative — Date

DEREK SANTOS
Print or Type Name of Authorized Representative

RECEIVED
2014 APR -2 AM 10: 10
SECRETARY OF STATE
CORPORATIONS DIV

File Date
Check No
By:
FOR SECRETARY OF STATE USE ONLY

FILED
APR 18 2014
BY 2312 2321

Form No. 630
Revised: 01/2012